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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/585,275 **Application Number** FEE TRANSMITTAL Filing Date July 5, 2006 For FY 2009 First Named Inventor Nancy Dean **Examiner Name** Unknown Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2835 **TOTAL AMOUNT OF PAYMENT** 180.00 Attorney Docket No. H0005430.75230 USA -4018 METHOD OF PAYMENT (check all that apply) Credit Card \_\_\_\_Money Order \_\_ Check \_\_None | Other (please identify): ✓ Deposit Account Deposit Account Number: 500977 Deposit Account Name: Buchalter Nemer For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **SEARCH FEES EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 165 220 540 270 110 220 Design 110 100 140 50 70 Plant 220 110 330 170 165 85 Reissue 330 165 540 650 270 325 220 **Provisional** 110 0 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** +20 or HP =Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) -3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Number of each additional 50 or fraction thereof Extra Sheets Fee Paid (\$) Fee (\$) / 50 == (round up to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Information Disclosure Statement 180.00 SUBMITTED BY Registration No. 46,264 Telephone 949-224-6282 Signature (Attorney/Agent) Name (Print/Type) Sandra P. Thompson Date

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.